

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035591

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

098

Primary Registration District No.

4163

Registrar's No.

75

VS 300-  
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED OCT 7 1963

1. PLACE OF DEATH a. COUNTY <i>Narvess</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Narvess</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Jamesport</i>		c. CITY OR TOWN <i>Jamesport</i>	
Length of stay in 7b <i>1 yr.</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) <i>MILDRED ELIZABETH HILL</i>		4. DATE OF DEATH Month <i>Sept.</i> Day <i>27</i> Year <i>1963</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>12/14/1907</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and state or country) <i>Osgood, Mo.</i>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>	
13a. FATHER'S NAME <i>Victor Russell</i>		13b. MOTHER'S MAIDEN NAME <i>Sadie Moberly</i>	
14. NAME OF HUSBAND OR WIFE <i>Leon Hill</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO. <i>855</i>		17. INFORMANT <i>Leon Hill</i> Address <i>Jamesport, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of liver</i> DUE TO (b) <i>Metastatic carcinoma from ovary, 5 yrs.</i> DUE TO (c) <i>Interval between onset and death: 1 yr.</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <i>9:30 A.M.</i> Month, Day, Year <i>Sept 27-63</i>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY: STATE	
21. I attended the deceased from <i>June 63</i> to <i>9-27-63</i> and last saw her <i>live on 9-27-63</i> Death occurred at <i>7:30 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J.B. Bailey</i>		22b. ADDRESS <i>9-27-63</i>	
22c. DATE SIGNED <i>9-28-63</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>Sept 29-1963</i>		23c. NAME OF CEMETERY OR CREMATORY <i>East Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Dalt, Missouri</i>		24. FUNERAL DIRECTOR <i>Roberson General Home Jamesport, Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>10-3-1963</i>		26. REGISTRAR'S SIGNATURE <i>Frederick W. Lang, clerk</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 29 1963

JUN 23 1966

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.